MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06495

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:

County: St Mary's

City or town: Mechanicsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 wks

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: ____ County: ____

City or town: Washington D C.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1310 Columbia Road N. W.

(If rural, give LOCATION)

2.(a) If veteran, name war: ____

3.(a) FULL NAME: CHARLES FAIRBANKS BEEBE

3.(b) Social Security Number: ____

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: Laura Maude Beebe — 6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): March 12 - 1886

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
64	3	18		

9. Birthplace: California St Marys Md (Town, county, and state)

10. Usual occupation: Telegram operator

11. Industry or business: —

FATHER — 12. Name: Walter J. Beebe

13. Birthplace: New York

MOTHER — 14. Maiden name: Martha E. Long

15. Birthplace: St Marys Co

16. Informant: Mrs Laura M. Beebe

Address: Mechanicsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2 1950 (month) (day) (year)

Cemetery or crematory: Mount Zion

Location: Laurel Grove Md

18. Funeral director: Jos C. Mattingley

Address: Leonardtown Md

19. June 30 1950 (Date rec'd by registrar) Eleanor S. Canter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30 1950 at 3 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22 1950 to June 30 1950 and that I last saw him alive on June 22 nd 1950

Immediate cause of death	DURATION
Cardiac failure	2 wks
Due to: Pulmonary emphysema	5 yrs
Due to: Bronchitis	25 yrs
Other conditions: 501 x 106 c	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results: ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: J. Ray Gaither, M.D. M. D. or other

Address: Mechanicsville Date signed 6/30/50

34856

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

RECEIVED
JUL 11 1950
BUREAU V. R.

06496

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY ST. MARYS MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PINEY POINT
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PINEY POINT
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) MARTIN (Last) BRADBURN
4. DATE OF DEATH (Month) JUNE (Day) 24 (Year) 1950
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH OCT 21, 1870
9. AGE last birthday 79 yrs. If under 1 year Months 8 Days 3 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY OWNER
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME GEORGE BRADBURN
14. MOTHER'S MAIDEN NAME CATHERINE LOMAX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT BERNARD BRADBURN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Intestines — INTERVAL BETWEEN ONSET AND DEATH 1 yr

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with metastasis

46e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1950, to 6/24, 1950, that I last saw the deceased alive on 6/23, 1950, and that death occurred at 4:15 A.m., from the causes and on the date stated above.

SIGNATURE E. X. Thompson M.D. (Degree or title) ADDRESS Lexington Park Md. DATE SIGNED 6/24/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 6/26/50
NAME OF CEMETERY OR CREMATORY POPLAR HILL
LOCATION (City, town, or county) VALLEY LEE (State) Md.

DATE REC'D BY LOCAL REG. 6-24-50
REGISTRAR'S SIGNATURE F. J. Beary M.D.
24. FUNERAL DIRECTOR JOSEPH C. HATTINGLEY ADDRESS LEONARDTOWN Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUN 27 1950
BUREAU V. S.

06497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY ST. MARYS MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PINEY POINT
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PINEY POINT
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) CAROLINE (Middle) MARGARET (Last) BRISCOE

4. DATE OF DEATH (Month) JUNE (Day) 6 (Year) 1950

5. SEX F.
6. COLOR OR RACE N.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH FEB 26, 1863
9. AGE last birthday 87 yrs. If under 1 year Months 3 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY FOR SELF
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JESSIE WILSON
14. MOTHER'S MAIDEN NAME EASTER (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT JENNIE WILSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1950, to 6/6, 1950, that I last saw the deceased alive on 6/5, 1950, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE E. L. Thompson (Degree or title) M.D. ADDRESS Lexington Park DATE SIGNED 6/7/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF JUNE 9, 1950
NAME OF CEMETERY OR CREMATORY ST. MARKS
LOCATION (City, town, or county) VALLEY LEE (State) Md.

DATE REC'D BY LOCAL REG. 6/7/50
REGISTRAR'S SIGNATURE Carmalites
24. FUNERAL DIRECTOR JOS. C. HATTINGLEY ADDRESS LEONARDTOWN, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1950
BUREAU V. S.

M

06498

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY ST. MARYS MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN VALLEY LEE
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN VALLEY LEE
STREET ADDRESS (If rural, give location) NONE

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) ALEXANDER (Last) BRISCOE
4. DATE OF DEATH (Month) 6 (Day) 11 (Year) 1950
5. SEX M
6. COLOR OR RACE N
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH Apr. 25 1903
9. AGE last birthday 47 yrs. If under 1 year Months 1 Days 17 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HELPER
10b. KIND OF BUSINESS OR INDUSTRY CARPENTER
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME WILLIAN S. BRISCOE
14. MOTHER'S MAIDEN NAME MAGGIE BENNETT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT MARY F. BRISCOE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002x Immediate cause	(a) Advanced Pulmonary Tuberculosis	3 weeks
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Pneumonia	immediate
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS Leighton Park, Md. DATE SIGNED 6/11/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF June 13-1950
NAME OF CEMETERY OR CREMATORY ST. MARYS
LOCATION (City, town, or county) VALLEY LEE (State) NO.
DATE REC'D BY LOCAL REG. 6/17/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR JOS. C. MATTINGLEY ADDRESS LEONARDTN MD.

308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
JUN 14 1950
BUREAU V. S.

06499

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) HENRY (Last) CHASE
4. DATE OF DEATH (Month) 6 (Day) 15 (Year) 1950

5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 8-16-1894
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm labor
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Chase
14. MOTHER'S MAIDEN NAME Mary Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO. —
17. INFORMANT Mary L. Chase, Hollywood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443x	Immediate cause	(a) Cerebral hemorrhage	3 d
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease with cardiac decompensation	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1950, to June 15, 1950, that I last saw the deceased alive on June 14, 1950, and that death occurred at 1:08 P m., from the causes and on the date stated above.

SIGNATURE Joseph Roy Guyther, MD (Degree or title) ADDRESS Mechanicsville Md DATE SIGNED June 15, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-19-50
NAME OF CEMETERY OR CREMATORY St. John's Cem.
LOCATION (City, town, or county) Hollywood, Md. (State)

DATE REC'D BY LOCAL REG. 6/16/50
REGISTRAR'S SIGNATURE Cornelius
24. FUNERAL DIRECTOR C. B. Robinson, Leonardtown, Md. ADDRESS

866 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06500

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills (Rural); MARYLAND; LENGTH OF STAY (in this place) 4 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills (Rural); STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Lloyd (Last) Clayton

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 12 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months 2 Days 14 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Labor

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert M. Clayton

14. MOTHER'S MAIDEN NAME: Susan Gladden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Robert M. Clayton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis of Liver	5 years
	(c)	

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1246

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy — 15 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 50, to June 19 50, that I last saw the deceased alive on 6-24-, 1950, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P.J. Beany	M.D.	Great Mills, Md.	6/26/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 27 1950	St Marys	Valley Lee	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-26-50	P.J. Beany M.D.	Jos C. Mattingly	Leonardtown Md

866 VR

RECEIVED
JUL 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06501

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2N

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

1. PLACE OF DEATH: COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardville; MARYLAND; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardville Md.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) LILLIE (Last) DYSON

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 2-20-1930

9. AGE last birthday: 20 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Horace W. Washington

14. MOTHER'S MAIDEN NAME: Mammie Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: A

17. INFORMANT: Pearl Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pericardial Hemorrhage	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Perforation of pulmonary artery	immediate
	(c) Penetrating bullet wound of thorax	immediate

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166

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Leonardville, (COUNTY) St. Mary's, (STATE) Md

TIME OF INJURY (Month) 6 (Day) 22 (Year) 50 (Hour) 8 p. m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Shot by husband

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE: John L. Lane (Degree or title) M.D. ADDRESS: Lexington Park, Md. DATE SIGNED: 6/22/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 6-26-50; NAME OF CEMETERY OR CREMATORY: Zion Fair; LOCATION (City, town, or county) (State): Leonardville Md.

DATE REC'D BY LOCAL REG. 6/26/50; REGISTRAR'S SIGNATURE: Clendaline; 24. FUNERAL DIRECTOR: P. B. Robertson; ADDRESS: Leonardtown Md.

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RECEIVED
JUN 27 1950
BUREAU V. S.

06502

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hollywood
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) Rebecca (Last) Floyd

4. DATE OF DEATH (Month) June (Day) 17 (Year) 1950

5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan. 18, 1862
9. AGE last birthday 88 yrs. If under 1 year Months 4 Days 31 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Maryland - St. Mary's Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ferdinand Floyd
14. MOTHER'S MAIDEN NAME Mary Wellington Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Erick Floyd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fibrillation Hypertension Chronic

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis & Anemia

932 (c) Age

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Age

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1945, to June 17 1950, that I last saw the deceased alive on 6-16, 1950, and that death occurred at 11:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Francis F. Grunwell MD ADDRESS Leonardtown Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 20, 1950
NAME OF CEMETERY OR CREMATORY St. John's
LOCATION (City, town, or county) (State) Hollywood, Maryland

DATE REC'D BY LOCAL REG. 6/19/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Jos. C. Mattingley - Leonardtown Md. ADDRESS

M

I

T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 21 1950
BUREAU V. S.

06503

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Alabama COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntsville
STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print) (First) Norris (Middle) Lee (Last) Gaines
4. DATE OF DEATH (Month) June (Day) 16 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-17-26
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Navy
10b. KIND OF BUSINESS OR INDUSTRY U. S. Navy
11. BIRTHPLACE (State or foreign country) Alabama
12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME Clyde Anderson Gaines
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 4-28-43 to present
16. SOCIAL SECURITY NO. —
17. INFORMANT U. S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to drowning — immediate

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

172 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Patuxent River (CITY OR TOWN) Patuxent (COUNTY) St. Marys (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 16 (Year) 50 (Hour) 7:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Boat capsized in river

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) [signature] ADDRESS Livingston Park, Md. DATE SIGNED 6/21/50

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation DATE THEREOF 6-22-50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Huntsville (State) Alabama
DATE REC'D BY LOCAL REG. 6/22/50 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR P. B. Robinson ADDRESS Leonardtown, Md.

60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 23 1950
BELLHEAD V. S.

Evidence for change as shown in #21

MARYLAND STATE DEPARTMENT OF HEALTH

06504

CERTIFICATE OF DEATH

FILM No. G 1 27 AUG 23 1950 FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16A

1. PLACE OF DEATH
COUNTY: St Marys | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown | LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland | COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Valley Lee
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Guy (Middle) (Last) Lawrence

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	Jan 17 1900	50 yrs.		29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor	Woodsaw Mill	Maryland St Marys	U.S.A.

13. FATHER'S NAME: John Francis Lawrence
14. MOTHER'S MAIDEN NAME: Maggie Whelan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edward Lawrence

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Subarachnoid hemorrhage, cerebral	
	(c) Concussion, multiple lacerations and	3 days.

8125
170.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hemorrhoids.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway	(CITY OR TOWN): Valley Lee	(COUNTY): St. Marys	(STATE): Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
6	11	50	12 m.		undetermined — Auto (6/12/50 ams.) Accident - State Police

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John L. Dane M.D.		Leonardtown Md.	6/14/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 17 1950	St Marks	Valley Lee	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/14/50	[illegible]	Jos C. Mattingly	Leonardtown Md

9209

RECEIVED
JUN 16 1950
BUREAU W. M.

06505

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) LEO (Last) LAWRENCE

4. DATE OF DEATH: (Month) 6 (Day) 17 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-2-50

9. AGE last birthday: 0 yrs. If under 1 year: Months 4 Days 15 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CARROLL C. LAWRENCE

14. MOTHER'S MAIDEN NAME: JEAN CUTHBERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: FATHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

572.2 **Immediate cause** (a) Ulcerative Colitis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

1196 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/16, 1950, to 6/17, 1950, that I last saw the deceased alive on 6/17, 1950, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE E.X. Thompson (Degree or title) | ADDRESS Leonardtown Park Md. | DATE SIGNED 6/17/50

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 6-19-50 | NAME OF CEMETERY OR CREMATORY ST. GEORGES | LOCATION (City, town, or county) VALLEY LEE (State) MD

DATE REC'D BY LOCAL REG. 6/17/50 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Jos. C. MATTINGLEY | ADDRESS LEONARDTOWN MD.

4-0-2-02-0-21-2-26-4

VS-A15

RECEIVED
JUN 20 1950
BUREAU V. S.

06506

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY St. Mary's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River,
LENGTH OF STAY (in this place) 6 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, U.S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN USNAS Annex, Solomons
STREET ADDRESS (If rural give location) MEMO 320 B

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) (none) (Last) PORTER
4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Am. Indian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11-29-49
9. AGE last birthday: yrs. If under 1 year: Months 6 Days 5 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Norman (none) PORTER
14. MOTHER'S MAIDEN NAME: Winona May MITCHELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: U.S.Naval Air Station Father:Norman Porter, Patuxent River, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ASPHYXIATION (Aspiration of Stomach Content)	minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ENTERITIS, ACUTE, Cause Unknown	4 days
	(c)	

571.0
195d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY none
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Leonardtown, Md. DATE SIGNED 6/3/50

23. BURIAL, CREMATION REMOVAL, (Specify) BURIAL
DATE THEREOF JUNE 9 1950
NAME OF CEMETERY OR CREMATORY MACY
LOCATION (City, town, or county) (State) MACY THURSTON CO. NEB

DATE REC'D BY LOCAL REG. 6/5/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS Jos. C. HATTINGLEY LEONARDTOWN MD.

2-0-X-249-25-2-40-5

RECEIVED
JUN 8 1990
BUREAU OF

Evidence for change of age shown on:

FILM No. G 126 JUL 13 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06507

Reg. Dist. No. 282

1. PLACE OF DEATH:

County: St Mary's ~~City~~

City or town: St. Mary's City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St Mary's

City or town: St Mary's City.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary Louisa Shorter

3. (b) Social Security Number

4. Sex: F.

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: Washington Shorter

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Sept. 8 1850

8. AGE: Years: ~~100~~ 99 Months: — Days: — If less than one day: — hrs. ... min.

9. Birthplace: St. Mary's City St Mary's Co Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Domestic

FATHER

12. Name: George Whalen

13. Birthplace: St Mary's Co. Md

MOTHER

14. Maiden name: Mary Whalen

15. Birthplace: St Mary's Co Md.

16. Informant: Mary Rice

Address: St. Mary's City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7-2-50 (month) (day) (year)

Cemetery or crematory: Trinity

Location: St. Mary's City

18. Funeral director: P. B. Robinson

Address: Leonardtown Md.

19. 7/4/50 (Date rec'd by registrar) Cunningham Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 29 1950, at 1. A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1943, to June 29 1950 and that I last saw her alive on June 24 1950

Immediate cause of death: Myocarditis — DURATION: 10 years

Due to: Generalized Arteriosclerosis

Due to: Senile Degeneration

Other conditions: 422.1 (Include pregnancy within 3 months of death)

93d

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Wm H Patrick MD M. D. or other

Address: Lexington Park Md Date signed: 6.29.50

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUL 5 1950
BUREAU V. S.

06508

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bushwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) KELLEY (Last) THOMAS

4. DATE OF DEATH (Month) 6 - (Day) 14 (Year) 1950

5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-22-1908
9. AGE last birthday 41 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm labor
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm Thomas
14. MOTHER'S MAIDEN NAME Denise Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mary S. Thomas, Bushwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

550.0 Immediate cause (a) Intestinal Obstruction, with gangrene — INTERVAL BETWEEN ONSET AND DEATH 6/12/50

Antecedent cause(s)

121 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute gangrene appendix

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6/14/50
19b. MAJOR FINDINGS OF OPERATION Long portion small bowel gangrene from obstruction
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 7, 1950, to Jun 14, 1950, that I last saw the deceased alive on Jun 14, 1950, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Aloysius C. Welch M.D. Chaptico Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-17-50
NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.
LOCATION (City, town, or county) (State) Bushwood, Md.

DATE REC'D BY LOCAL REG. 6/16/50
REGISTRAR'S SIGNATURE Cemeter
24. FUNERAL DIRECTOR S. B. Robinson ADDRESS Leonardtown Md

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 20 1980
BUREAU V. S.

06509

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point. LENGTH OF STAY (in this place) 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Hayes (Last) Van Horn Sr
4. DATE OF DEATH (Month) June (Day) 10 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 22-1882
9. AGE last birthday 67 yrs. If under 1 year Months 5 Days 26 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Work & N.Y.
10b. KIND OF BUSINESS OR INDUSTRY for navy
11. BIRTHPLACE (State or foreign country) New Ark Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Scott Van Horn
14. MOTHER'S MAIDEN NAME Ida Strickland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 160-18-9392
17. INFORMANT Mrs H. H. Van Horn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Acute coronary occlusion	immediate
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Julian I. Lane (Degree or title) M.D. ADDRESS Lexington Park, Md DATE SIGNED 6/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF June 14 1950 NAME OF CEMETERY OR CREMATORY Forest Hill Memorial LOCATION (City, town, or county) Reading (State) Pa.
DATE REC'D BY LOCAL REG. 6/12/50 REGISTRAR'S SIGNATURE Camellus
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Maryland

49697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 14 1950
BUREAU V. A.

06510

Evidence for change of age shown on:

FILM No. G 126 JUL 13 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN U.S.U.S. Patuxent
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Disp. Patuxent River, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermansville, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) HORRACE (Middle) WILSON (Last) WASHINGTON
4. DATE OF DEATH (Month) 6 (Day) 23 (Year) 1950
5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 11-8-1878
9. AGE last birthday 71 ~~72~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm labor
10b. KIND OF BUSINESS OR INDUSTRY laborer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME H. W. Washington
14. MOTHER'S MAIDEN NAME Mary E. Briscoe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Pearl Evans

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Haemothorax, shifting of	1 day
	(c) mediastinum, pulmonary edema	1 day

981X
166

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Penetrating bullet wound of thorax — 1 day

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Hermansville (COUNTY) St. Mary's (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 22 (Year) 50 (Hour) 7:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot by son-in-law

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐*

SIGNATURE [signature] (Degree or title) [signature] MD ADDRESS Lexington Park, Md. DATE SIGNED 6/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-26-50
NAME OF CEMETERY OR CREMATORY Zion Fair
LOCATION (City, town, or county) Hermansville (State) Md.
DATE REC'D BY LOCAL REG. 6/26/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR P.B. Robinson ADDRESS Leonardtown Md.

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

RECEIVED
JUN 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06511

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY ST. MARYS; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PINEY POINT; LENGTH OF STAY (In this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY Norfolk; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norfolk; STREET ADDRESS (If rural, give location) 3837 Tabor Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DANIEL	E.	WELCH	6	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	N	MARRIED	DEC. 31 1913	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PILE DRIVER MAN	DOCK CONST.	VIRGINIA	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DORSEY WELCH	ERMA OVERTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	241-10-3996	COMPANY RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to drowning — Interval between onset and death: instant

850.8 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

172 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY (OR CONTRIBUTING ☐) CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Drowning	River	Piney Point	St. Marys	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
6	14	50	2:30 P.M.			Fell from barge into river

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	Lexington Park, Md.	6/14/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	6/15/50		NORFOLK, VA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/14/50	[signature]	JOS. C. HATTINGLEY	LEONARDTOWN MD.

358V9

RECEIVED
JUN 16 1950
BUREAU V. M.